

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

RECEIVED

U.S. MARSHAL
CONCORD, NH

2014 AUG 15 AM 11:44

PLAINTIFF
United States of America

COURT CASE NUMBER
CR 12-10226-DJC

DEFENDANT
John Kosta, et al.

TYPE OF PROCESS
Preliminary Order of Forfeiture

SERVE
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

181 Krainewood Drive, #33, Moultonboro, New Hampshire

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Number of process to be
served with this Form 285

Number of parties to be
served in this case

Check for service
on U.S.A.

Doreen M. Rachal, Assistant U.S. Attorney
United States Attorney's Office
John Joseph Moakley United States Courthouse
1 Courthouse Way, Suite 9200
Boston, MA 02210

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Please serve notice upon the real property referenced above of this forfeiture action by posting and walking the attached Preliminary Order of Forfeiture.
CATS ID 12-FBI-005916

JLJ x 3297

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

(617) 748-3100

DATE

7/28/14

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

District of
Origin
No. 38

District to
Serve
No. 49

Signature of Authorized USMS Deputy or Clerk

Date

8/11/14

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

8/21/14

Time

1025

☒ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

\$65.00

Total Mileage Charges
(including endeavors)

\$51.52

Forwarding Fee

Total Charges

\$116.52

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

\$116.52
\$0.00

REMARKS:

8/11/14 FWD TO D/49

Posted

SDS
(6)

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED